

# COMMISSION INVOICE

**Broker Name:**

**NPN License #:**

**Invoice #:**

**Date:**

**Billing Period:**

**Payable To:**

**Carrier Information:**

<b>Policyholder Name</b>	<b>Policy # / ID</b>	<b>Plan Type</b>	<b>Premium Amount</b>	<b>Rate (%)</b>	<b>Commission</b>

**Subtotal:**

**Adjustments/Bonus:**

**Total Commission Due:**

**Payment Terms:** Net 30 Days

Please include the invoice number with your remittance. For inquiries regarding this statement, contact .